DOCUMENT INVENTORY FORM - ETS

Name: _____

TEAM ~~Department:~~ EBRAM

Office Location: —

Tel. Extension: —

Please provide estimates of ETS related records in each of the following:

Subject/Category	Record Type	Quantity	Location ROOM	FORM OF STORAGE ~~Medium~~	Time Period
—	DIAGRAMS	—	~~R 006~~		
	DOCUMENTATION	6	R 006		BINDER
	PIF	—			
	PROTOCOLS	1	R006		BINDER
	RAW DATA	—			
	REPORTS	—			

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